

Director of Special Education

**[Local School District]**

**[Address]**  
**[City, State 00000]**

Re: **[your child's name]**

*Dear Mr. [Ms.] [Name],*

Thank you for the time on **[date of initial meeting]** to discuss my child, **[child's name]**. I would like to formally refer **[child's name]** for assessment to determine if **[s]**he is eligible for special education services and support as allowed under the Child Find obligations of the Individuals with Disabilities Education Act (IDEA). **[S]**he is not progressing in school. **[S]**he is **[age]** years old and attends **[child's school]**.

I also request that my son **[daughter]** be evaluated under Section 504 of the Rehabilitation Act of 1973 for the presence of any educational service need that may require any accommodation or program modification not available under special education or if my child is not found eligible for special education. I would like to have an Individualized Education Program meeting as soon as an evaluation concludes that **[s]**he is qualified for services.

I also request that the Section 504 coordinator for [name your school district, as opposed to your school] be present at the initial IEP meeting to discuss the results and recommendations of the Section 504 evaluation. However, I do not agree to substitute a 504 assessment for a special education assessment.

I also request that the **[name of your school district]** conduct the following evaluations of my son **[daughter]**: a psychological evaluation to determine his **[her]** learning potential, and his [her] expressive oral language, expressive written language, receptive oral language, receptive written language, intellectual functioning, cognitive processing, and educational achievement, respectively.

I would like to ensure that this test includes:

- *Developmental, medical, behavioral, academic, and family history*
- *A measure of general intellectual functioning*
- *Documentation on cognitive processing (language, memory, working memory, auditory processing, visual processing; visual motor integration, reasoning abilities, and executive function)*

- *Tests of specific oral language skills related to reading and writing success, including tests of phonological processing*

- *Tests to determine level of functioning in basic skill areas of reading, spelling, written language, and math*

My concern is based on testing and conversations I have had with **[child's name]**'s classroom teacher, **[teacher name]**. Further, I am concerned about his **[her]** abilities in the following areas:

**[In this section, include only the ones from the following list that are appropriate to your child. You may want to include state test results, samples of written work, report cards, and other data that support your reasons for concern. You may also have your own expert deliver reports that you can include in this communication. You may want to get the classroom teacher to give you concrete examples and work products in writing that support the need for further investigation of your child's problems.]**

- *Expressive language disorder*
- *Attention difficulties*
- *Inattentiveness*
- *Planning and the organization of information*
- *Monitoring task-oriented activities and self-monitoring*
- *Interpersonal behaviors*
- *Ability to initiate, or begin a task without being prompted*
- *Social skills*
- *Working memory*

I look forward to receiving an assessment plan in a timely manner **[in California, the law is in fifteen days, but this may vary from state to state]**. I hope that these evaluations can be completed promptly. Thereafter, we can have an IEP meeting to discuss the results of these evaluations within sixty days and plan for **[your child name]**'s continued education. Please ensure that I get copies of the assessment reports at least five days before the IEP meeting.

*Sincerely,*

**[Your name]**

**CC: [School superintendent's name]**